

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☒ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2015

through

M M M / D D D / Y Y Y Y Y Y
02 28 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Michael Wylie

Signature of Treasurer

Mr. Michael Wylie

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2015 To: M M / D D / Y Y Y Y Y Y
02 28 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		213354.30
(b) Cash on Hand at Beginning of Reporting Period.....	257408.86	
(c) Total Receipts (from Line 19)	118817.62	215344.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	376226.48	428698.85
7. Total Disbursements (from Line 31)	46744.24	99216.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	329482.24	329482.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 02 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 02 / 28 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

114607.62

199162.74

(ii) Unitemized

4210.00

7181.81

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

118817.62

206344.55

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

118817.62

211344.55

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

4000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

118817.62

215344.55

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

118817.62

215344.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1744.24	2716.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1744.24	2716.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	91500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	5000.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5000.00	5000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46744.24	99216.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46744.24	99216.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	118817.62	211344.55
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	113817.62	206344.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1744.24	2716.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1744.24	2716.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rosie Abad

Mailing Address 301 N. Linden

City State Zip Code
Cortez CO 81321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sedgwick County Nursing Home

Occupation
Activity Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2015

Transaction ID : C2934001

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steve Ackerson

Mailing Address 15215 Wilden Drive

City State Zip Code
Urbandale IA 50323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health Care Association

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935387

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steve Ackerson

Mailing Address 15215 Wilden Drive

City State Zip Code
Urbandale IA 50323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health Care Association

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935399

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Anderson

Mailing Address 2452 N Broadway

City State Zip Code
Council Bluffs IA 51503-0432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midlands Living Center

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : C2933985

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dirk Anjewierden

Mailing Address 2180 South 1300 East
Suite 445

City State Zip Code
Salt Lake City UT 84106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Health Care Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2015

Transaction ID : C2927647

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

C. Brett P. Arceneaux

Mailing Address 40412 Sycamore Ave.

City State Zip Code
Gonzales LA 70737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ascension Oaks Nursing & Rehab Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : C2933979

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Asztalos

Mailing Address 5013 Centennial Oak Circle

City State Zip Code
Tallahassee FL 32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asztalos & Associates

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : C2935088

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Bedinger

Mailing Address 1127 East 16th Avenue

City State Zip Code
Denver CO 80218-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colavria Hospitality

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935376

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elton G. Beebe

Mailing Address 763 Avery Blvd N

City State Zip Code
Ridgeland MS 39157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Magnolia Management Corporation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : C2935085

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lyn C. Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director, Regulatory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.66

Date of Receipt

02 / 11 / 2015

Transaction ID : C2939943

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roger Bernier

Mailing Address 18 Forestdale Dr

City

Whitehouse Station

State

NJ

Zip Code

08889-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chelsea Senior Living

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 13 / 2015

Transaction ID : C2935406

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Jim Birchem

Mailing Address 920 4th Street, SE

City

Little Falls

State

MN

Zip Code

56345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eldercare of Minnesota

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

02 / 02 / 2015

Transaction ID : C2933968

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda Black-Kurek

Mailing Address 7445 Liberty Woods Lane

City State Zip Code
Dayton OH 45459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Health Care Corporation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : C2935091

Amount of Each Receipt this Period

312.50

Full Name (Last, First, Middle Initial)

B. Ashley Blankenship

Mailing Address 1306 S. Donaghey

City State Zip Code
Conway AR 72934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southridge Village

Occupation
VP of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935404

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Christine K. Boldt

Mailing Address 1534 Roving Hills Drive

City State Zip Code
Red Wing MN 55066-7144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benedictine Health Systems

Occupation
Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : C2935090

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5562.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth Burgess

Mailing Address 3590 Lonesome Pine Road

City State Zip Code
Whitakers NC 27891

FEC ID number of contributing
federal political committee.

C

Name of Employer

Poyner Spruill LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : C2925039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott Carlson

Mailing Address 994 Sharon Lane

City State Zip Code
Ventura CA 93001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935782

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marcia Cotter

Mailing Address 904 Meadow Ave.

City State Zip Code
Shoreview MN 55124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkinson's Specialty Care

Occupation

CEO/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : C2939972

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelli Cox

Mailing Address 6855 Road 41

City

Mancos

State

CO

Zip Code

81328-7905

FEC ID number of contributing
federal political committee.

C

Name of Employer

C&G Health Care Management

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : C2933963

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Greg Crist

Mailing Address 118 Cameron News

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA

Occupation

SVP, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : C2939971

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Millard Cursey

Mailing Address 17 Windemere Pkwy.

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : C2939988

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nader Damaghi

Mailing Address 10 Shore Drive

City Kings Point State NY Zip Code 11024

FEC ID number of contributing federal political committee.

C

Name of Employer
First Quality Enterprises

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2015

Transaction ID : C2939947

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Laurence Daspit

Mailing Address 22 Sterling Dale Place

City The Woodlands State TX Zip Code 77382

FEC ID number of contributing federal political committee.

C

Name of Employer
Senior Care Centers

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 09 / 2015

Transaction ID : C2939941

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rae Anne Davis

Mailing Address 720 Avila Drive

City Davidson State MD Zip Code 21035

FEC ID number of contributing federal political committee.

C

Name of Employer

AHCA

Occupation

Chief Strategic Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 27 / 2015

Transaction ID : C2939973

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jack Deutsch

Mailing Address 5 Fieldcrest St

City

Monsey

State

NY

Zip Code

10952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cliffside Rehab & RHCC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2015

Transaction ID : C2935087

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nathan Dikes

Mailing Address 3005 S. Ponderosa Lane

City

Spokane

State

WA

Zip Code

99206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sunshine Health Facilities, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 06 / 2015

Transaction ID : C2927786

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Greg Elliot

Mailing Address 1101 Johnson Road

City

Charleson

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMFM, LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 12 / 2015

Transaction ID : C2935187

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Elliot

Mailing Address PO Box 2425

City

Charleston

State

WV

Zip Code

25329-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farpointe Training LLC

Occupation

Equestrian Instructor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : C2940038

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Lee Field

Mailing Address 1102 Commerce Street, Suite 500

City

Tacoma

State

WA

Zip Code

98402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Senior Services of America

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : C2933981

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Irene Fleshner

Mailing Address 1688 Floyd Street

City

Sarasota

State

FL

Zip Code

34239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2015

Transaction ID : C2939951

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Phillip Fogg Jr.

Mailing Address 4560 SE International Way
Suite 100

City State Zip Code
Milwaukie OR 97222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marquis Companies, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935412

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. J. Wayne Franklin

Mailing Address 125 Springfield Ct

City State Zip Code
O Fallon IL 62269-2495

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franklin Healthcare Consultants

Occupation

CEO/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : C2924072

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rita Fujisawa

Mailing Address 2992 Audubon Circle

City State Zip Code
Davis CA 95618

FEC ID number of contributing
federal political committee.

C

Name of Employer

California Assn of Health Facilities

Occupation

COO/VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : C2939660

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amanda Gilliland

Mailing Address 680 E. Hospital Dr.

City State Zip Code
Cortez CO 81321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vista Grande Inn

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2015

Transaction ID : C2934003

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Patricia Giorgio

Mailing Address 4702 Chestnut Ridge NE

City State Zip Code
Cedar Rapids IA 52411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evergreen Estates

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : C2935402

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Jeff L. Gregston

Mailing Address 711 S Broadway

City State Zip Code
Marlow OK 73055-3313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gregston Nursing Home

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2015

Transaction ID : C2927785

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ben Griffin Jr

Mailing Address 522 Rawls Street

City

Hawkinsville

State

GA

Zip Code

31036-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Health Systems

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 27 / 2015

Transaction ID : C2940028

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gerald Hamilton

Mailing Address 7612 Rio Penasco Court NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing
federal political committee.

C

Name of Employer

R&G Healthcare Management

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2015

Transaction ID : C2935362

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven D. Heaney

Mailing Address 1116 9th Ave.

City

Toms River

State

NJ

Zip Code

08757-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandywine Senior Living

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2015

Transaction ID : C2935400

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven D. Heaney

Mailing Address 1116 9th Ave.

City

Toms River

State

NJ

Zip Code

08757-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandywine Senior Living

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 18 / 2015

Transaction ID : C2939955

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lisa Higgins

Mailing Address 604 E 38th St

City

Farmington

State

NM

Zip Code

87401-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedar Ridge Inn, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 04 / 2015

Transaction ID : C2934000

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Stacey Hord

Mailing Address 730 Dodge Lane

City

Gadsden

State

AL

Zip Code

35904

FEC ID number of contributing
federal political committee.

C

Name of Employer

SavaSeniorCare Consulting, LLC

Occupation

VP of Quality Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2015

Transaction ID : C2939950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joyce Humiston

Mailing Address 1004 E Main St

City

Cortez

State

CO

Zip Code

81321-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer

C & G Health Care Management

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2015

Transaction ID : C2933961

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Sean Hurley

Mailing Address 74 Kingery Drive

City

El Paso

State

TX

Zip Code

79902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2015

Transaction ID : C2934015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott T. Hurst

Mailing Address 28311 North Main Street, Ste B101

City

Daphne

State

AL

Zip Code

36526

FEC ID number of contributing
federal political committee.

C

Name of Employer

HMR Veterans Services, Inc.

Occupation

Regional Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2015

Transaction ID : C2939942

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen Hyatt

Mailing Address 5102 Scenic Dr

City State Zip Code
 Yakima WA 98908-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hyatt Corporation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015

Transaction ID : C2933999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dee K Jansen

Mailing Address 4378 Forest Ridge Drive

City State Zip Code
 Green Bay WI 54313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harmony Living Centers LLC

Occupation

VP of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : C2935401

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

C. Holly Jarek

Mailing Address 118B Hollis St

City State Zip Code
 Groton MA 01450-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seven Hills Foundation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015

Transaction ID : C2933984

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tandy Kephart

Mailing Address 409 Benedicta Ave.

City State Zip Code
 Trinidad CO 81082-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinidad Inn

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : C2935410

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chastity Kiefer

Mailing Address 39 Calle Miller

City State Zip Code
 La Jara CO 81140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rio Grande Inn

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : C2933960

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rosemary C. Kilby

Mailing Address 1215 Carbon Canyon Rd

City State Zip Code
 Chino Hills CA 91709-2353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Landmark Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : C2935369

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Kuranz

Mailing Address 1400 8th Ave

City

Union Grove

State

WI

Zip Code

53182-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hope Health & Rehabilitation

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : C2933987

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brett Lessley

Mailing Address PO Box 1023

City

Claremore

State

OK

Zip Code

74018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Griffin Management

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2015

Transaction ID : C2939699

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lawrence Lopardo

Mailing Address 25117 SW Parkway

City

Wilsonville

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avamere Health Services, LLC

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2015

Transaction ID : C2922745

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Lukenda

Mailing Address 111 West Michigan Street

City State Zip Code
 Milwaukee WI 53203

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Extendicare Health Services

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015

Transaction ID : C2933998

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. R. Peter Madel Jr.

Mailing Address 108 8th St NW

City State Zip Code
 Waseca MN 56093-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lake Shore Inn Nursing Home

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 18 / 2015

Transaction ID : C2939953

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Christian Mason

Mailing Address 4 Monroe Parkway
 Suite I

City State Zip Code
 Lake Oswego OR 97035

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Senior Housing Management, LLC

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : C2935405

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen E. McCormack

Mailing Address 455 Reynolds Mill Rd

City

State

Zip Code

York

PA

17403-9316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wilmac Corporation

President/CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : C2939997

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Deborah Meade

Mailing Address PO Box 9057

City

State

Zip Code

Warner Robins

GA

31095-9057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Health Management

CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : C2935374

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

C. Jill Mendlen

Mailing Address 6155 Cornerstone Center East
Suite 220

City

State

Zip Code

San Diego

CA

92121-4737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

LightBridge Hospice & Palliative Care

President/CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : C2935388

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory Miller

Mailing Address 11573 Stablewatch Court

City State Zip Code
 Cincinnati OH 45249

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Health Care Management Group

Occupation
 Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : C2935366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ashlee Monarco

Mailing Address 211 E 3rd Ave

City State Zip Code
 Mancos CO 81328

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valley Inn

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 04 / 2015

Transaction ID : C2934002

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cornelius Murray

Mailing Address 54 State Street

City State Zip Code
 Albany NY 12207

FEC ID number of contributing
federal political committee.

C

Name of Employer
 O'Connell & Aronowitz

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015

Transaction ID : C2933986

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis Murray

Mailing Address 1049 W. 5th Ave

City

Anchorage

State

AK

Zip Code

99501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heritage Place

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935368

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy F Nicholson

Mailing Address 15 Ocean Harbour Cir

City

Ocean Ridge

State

FL

Zip Code

33435-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lyric Health Care

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935781

Amount of Each Receipt this Period

833.25

Full Name (Last, First, Middle Initial)

C. Douglas Pendergras

Mailing Address 1036 Liberty Park Dr
Apt 47

City

Austin

State

TX

Zip Code

78746-6990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pebble Creek Nursing Center

Occupation

Nursing Home Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : C2935086

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2083.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Russell V Peterson

Mailing Address 5281 Ventura Dr

City

Fremont

State

NE

Zip Code

68025-9779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nye Senior Living

Occupation

Regional Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 18 / 2015

Transaction ID : C2939956

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Shelly Peterson

Mailing Address 1900 N. 11th Street

City

Bismarck

State

ND

Zip Code

58501

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Dakota LTC Association

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2015

Transaction ID : C2939944

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Pollock

Mailing Address 18375 83rd Ave N

City

Maple Grove

State

MN

Zip Code

55311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park River Estates Care Center

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 06 / 2015

Transaction ID : C2927784

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Ponthie

Mailing Address 2723 Alvamar Dr.

City
Shreveport

State Zip Code
LA 71106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Health Resources, LLC

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : C2939992

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Clifton Porter

Mailing Address 3929 Azalea Court

City
Maumee

State Zip Code
OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Association

Occupation
SVP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : C2939963

Amount of Each Receipt this Period

384.62

* Payroll Deduction: \$192.31 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Katherine Preede

Mailing Address 4482 Shady Point Place

City
Chantilly

State Zip Code
VA 20151

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA

Occupation

Director, Membership & Business Develo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : C2939987

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2159.62

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jayne Prince

Mailing Address 806 S Street

City
Neligh

State
NE

Zip Code
68756

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Willows Assisted Living

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935364

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Eli Quinones

Mailing Address 635 Boxcove Place

City

Diamond Bar

State

CA

Zip Code

91765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alliance Nursing Centers Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : C2939993

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jon Reardon

Mailing Address 1202 Weiss Street

City

Saginaw

State

MI

Zip Code

48602-5471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hoyt Nursing & Rehab Centre

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : C2933967

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cassandra Locke

Mailing Address 15230 Kingston Ct.
Foxridge Estates

City State Zip Code
Brightonn CO 80602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis Healthcare

Occupation

Director of Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : C2933965

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Wayne Sanner

Mailing Address 2506 Jadestone Ct

City State Zip Code
Fort Collins CO 80525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sava Senior Care Consulting, LLC

Occupation

Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935375

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Philip Scalo

Mailing Address 100 N County Line Rd

City State Zip Code
Jackson NJ 08527-1264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bartley Healthcare

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935411

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joani Schelm

Mailing Address 6330 South 104th Street

City State Zip Code
Omaha NE 68127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services, Inc.

Occupation

Director of Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2015

Transaction ID : C2939959

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Floyd Schlossberg

Mailing Address 4200 W Peterson Ave
140

City State Zip Code
Chicago IL 60646-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alden Management Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : C2933969

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

c. Ina Schlossberg

Mailing Address 4200 W Peterson Ave
140

City State Zip Code
Chicago IL 60646-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alden Management, Inc.

Occupation

Special Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : C2933970

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Russell Schwartz

Mailing Address 60 Cassandra Blvd., Unit 107

City State Zip Code
 West Hartford CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Avon Health Center & West Hartford Hea VP/Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 21 2015

Transaction ID : C2938870

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stuart H. Shapiro

Mailing Address 315 North 2nd Street

City State Zip Code
 Harrisburg PA 17101-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Pennsylvania Health Care Association President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 27 2015

Transaction ID : C2940031

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Laurie Shepard

Mailing Address 6429 Earlington Ln

City State Zip Code
 Lansing MI 48917

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Ingham Regional Assisted Living Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 13 2015

Transaction ID : C2935407

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Shepard

Mailing Address 1803 Cordie Dr
PO Box 125

City State Zip Code
Mena AR 71953-9340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shepard Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2187.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935890

Amount of Each Receipt this Period

937.50

Full Name (Last, First, Middle Initial)

B. Robert Siebel

Mailing Address 13185 W. Green Mountain Drive

City State Zip Code
Lakewood CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carriage Healthcare Companies, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935373

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Howard Sollins

Mailing Address 120 E Baltimore St

City State Zip Code
Baltimore MD 21202-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ober Kaler

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2015

Transaction ID : C2929609

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2437.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Stallard

Mailing Address 1305 West Causeway Approach, Ste 1

City State Zip Code
Mandeville LA 70471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louisiana Extended Care Centers, LLC

Occupation

Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : C2935365

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Martin Stott

Mailing Address 15035 Memorial Tower Dr

City State Zip Code
Baton Rouge LA 70810-8398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diversified Health Care

Occupation

Owner/Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2015

Transaction ID : C2939952

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

c. Stacy Suchla

Mailing Address 1236 Red Cedar Court

City State Zip Code
Onalaska WI 54650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grand View Care Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : C2940032

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carla Tenbrook

Mailing Address PO Box 1308

City State Zip Code
Mena AR 71953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shepard Group LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : C2935413

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matityahu Tenenbaum

Mailing Address 1524 53rd Street

City State Zip Code
Brooklyn NY 11219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kings Harbor Multicare Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : C2935363

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Harvey Tettlebaum

Mailing Address 56295 Little Moniteau Road

City State Zip Code
California MO 65018-3069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Husch & Eppenberger, LLC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2015

Transaction ID : C2939954

Amount of Each Receipt this Period

221.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1721.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sam Thompson

Mailing Address 6502 Stinespring Dr

City

Paducah

State

KY

Zip Code

42001-8676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southgate Health Care

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : C2935367

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark R. Todd

Mailing Address 2001 South Lee Street

City

Americus

State

GA

Zip Code

31709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Magnolia Manor, Inc.

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2015

Transaction ID : C2934004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Travis Tomlinson

Mailing Address 3320 Thomas Rd

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing
federal political committee.

C

Name of Employer

UHS-Pruitt

Occupation

Nursing Home Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : C2939970

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. James W. Unverferth

Mailing Address 1100 Shawnee Rd

City

Lima

State

OH

Zip Code

45805-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCF Management, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 13 / 2015

Transaction ID : C2935389

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Christopher J. Urban

Mailing Address PO Box 75

City

Solana Beach

State

CA

Zip Code

92075-0075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ambrose Capital

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 06 / 2015

Transaction ID : C2934016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Van Dyk

Mailing Address 304 South Van Dien Avenue

City

Ridgewood

State

NJ

Zip Code

07450-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Van Dyk Health Care

Occupation

President/CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

02 / 03 / 2015

Transaction ID : C2933994

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 54
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tracy M. Veal

Mailing Address 508 Barkwood Ct.

City State Zip Code
 Jackson GA 30233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : C2939949

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Jack Vetter

Mailing Address 20220 Harney Street

City State Zip Code
 Elkhorn NE 68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 04 / 2015

Transaction ID : C2934005

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. John A. Vinson

Mailing Address 5401 River Creek Ct.

City State Zip Code
 Harrods Creek KY 40027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Systems of Kentucky

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : C2939989

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. James R. Westbury Sr.

Mailing Address 922 McDonough Rd

City

Jackson

State

GA

Zip Code

30233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westbury Medical Care Home Inc

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.75

Date of Receipt

02 / 27 / 2015

Transaction ID : C2939991

Amount of Each Receipt this Period

240.75

Full Name (Last, First, Middle Initial)

B. Frank Wronski

Mailing Address 1539 Lochridge

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medilodge Group

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 27 / 2015

Transaction ID : C2939969

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. The Five Seas, LLC

Mailing Address 3220 W Feather Sound Ct

City

Anthem

State

AZ

Zip Code

85086-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

02 / 02 / 2015

Transaction ID : C2933972

Amount of Each Receipt this Period

1200.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2440.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cathy Williams

Mailing Address 826 W Desmond Street

City

Winslow

State

AZ

Zip Code

86047-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winslow Campus of Care

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : C2933973

Amount of Each Receipt this Period

1200.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Peachtree Mena, LLC

Mailing Address 1803 Cordie Drive

City

Mena

State

AR

Zip Code

71953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : C2933988

Amount of Each Receipt this Period

1250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Michael Shepard

Mailing Address 1803 Cordie Dr
PO Box 125

City

Mena

State

AR

Zip Code

71953-9340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shepard Group

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2187.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2015

Transaction ID : C2933989

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LAG Associates LP Managers

Mailing Address 8028 Ritchie Hwy
Ste 210

City State Zip Code
Pasadena MD 21122-1075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : C2933992

Amount of Each Receipt this Period

1250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

B. Gary Attman

Mailing Address 8028 Ritchie Highway

City State Zip Code
Pasadena MD 21122-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAG Associates LP Managers

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : C2933993

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Weisman Associates LLC

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2015

Transaction ID : C2934006

Amount of Each Receipt this Period

639.00

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1889.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 54

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barton D. Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Ft Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Health Systems

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2015

Transaction ID : C2934007

Amount of Each Receipt this Period

639.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

B. Millenium Health Systems LLC dba Nuvision Management

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2015

Transaction ID : C2934012

Amount of Each Receipt this Period

639.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Andrew S Weisman

Mailing Address 5310 NW 35th Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NuVision Management

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2015

Transaction ID : C2934013

Amount of Each Receipt this Period

639.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

639.00

114607.62

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

A. American Express

Date of Disbursement

Mailing Address PO Box 53773

City	State	Zip Code
Phoenix	AZ	85072-3773

Transaction ID : D164887

Purpose of Disbursement
Credit Card Processing Fees

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. American Express

Date of Disbursement

Mailing Address PO Box 53773

City	State	Zip Code
Phoenix	AZ	85072-3773

Transaction ID : D164888

Purpose of Disbursement	Credit Card Processing Fees

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. American Express

Date of Disbursement

Mailing Address PO Box 53773

Three digital displays are shown, each with a date format. The first display shows '02' with two small squares above it. The second display shows '17' with two small squares above it. The third display shows '2015' with four small squares above it.

City	State	Zip Code
Phoenix	AZ	85072-3773

Transaction ID : D164889

Purpose of Disbursement
Credit Card Processing Fees

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

577.60

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

The date 02/23/2015 is represented by three separate grid-based components. The first component shows the month '02' with 'M' labels above the digits. The second component shows the day '23' with 'D' labels above the digits. The third component shows the year '2015' with 'Y' labels above each digit. Each digit is formed by a specific pattern of filled squares within a grid.

Category/
Type

State: District:

Category/
Type

775.23

State: District:

Category/
Type

325.23

State: District:

Age Group	Percentage
18-24	1102.06
25-34	1000.00
35-44	1000.00
45-54	1000.00
55-64	1000.00
65-74	1000.00
75-84	1000.00
85+	1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Mailing Address P.O. Box 70980

City	State	Zip Code
Washington	DC	20024

Transaction ID : D164621Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Full Name (Last, First, Middle Initial)

B. FORWARD TOGETHER PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Mailing Address 1751 POTOMAC GREENS DRIVE

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : D164620Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

1500.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Full Name (Last, First, Middle Initial)

C. NEW PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Mailing Address P.O. BOX 7480

City	State	Zip Code
VISALIA	CA	93290

Transaction ID : D164622Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANNA ESHOO FOR CONGRESS

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Contribution

Candidate Name

Rep. Anna G. EshooOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2015

Transaction ID : D164453

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CARLOS CURBELO CONGRESS

Mailing Address 8770 SUNSET DRIVE #355

City	State	Zip Code
MIAMI	FL	33173

Purpose of Disbursement
Contribution

Candidate Name

Rep. Carlos CurbeloOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Transaction ID : D164617

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CICILLINE COMMITTEE

Mailing Address 102 Waterman St, Suite 2

City	State	Zip Code
Providence	RI	02906

Purpose of Disbursement
Contribution

Candidate Name

Rep. David CicillineOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Transaction ID : D164618

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kristi Noem

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: SD	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Transaction ID : D164523

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Rep. Linda T. Sanchez

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 38

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2015

Transaction ID : D164452

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike Thompson

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 05

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2015

Transaction ID : D164451

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. RYAN FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

Mailing Address P. O. Box 1488

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul D. RyanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID : D164449

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RYAN FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

Mailing Address P. O. Box 1488

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement
Contribution

Candidate Name

Rep. Paul D. RyanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID : D164450

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2015

Mailing Address 76 MAGNOLIA TERRACE

City	State	Zip Code
SPRINGFIELD	MA	01108

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Transaction ID : D164616

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
Contribution

Candidate Name

Rep. Thomas Edmunds PriceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : D164524

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City	State	Zip Code
SEATTLE	WA	98124

Purpose of Disbursement
Contribution

Candidate Name

Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : D164522

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City	State	Zip Code
CHARLESTON	SC	29407

Purpose of Disbursement
Contribution

Candidate Name

Sen. Tim ScottOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : D164650

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

Category/
Type

1000.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1000.00

40000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John Ponthie

Mailing Address 2723 Alvarado Dr.

City
ShreveportState
LAZip Code
71106Purpose of Disbursement
Refund of 1/12/2015 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

Transaction ID : D164686

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

5000.00
